



The Examiner

Naval Hospital, Twentynine Palms

"Serving with Pride and Professionalism"

Volume 4, No. 6

June 1996

Spotlight On...

Navy Nurse Corps marks 88th!



LTJG Rodney Mann, left, of MIND and LCDR Mathew Offe, right, take time to admire some nursing history during the recent Nurse Corps High Tea celebration at Naval Hospital Twentynine Palms.

Chicken Pox vaccine now available

The vaccine to protect against the chicken pox has now arrived at the Naval Hospital Twentynine Palms.

In an attempt to immunize the greatest number of individuals, the hospital will be conducting eight special evening clinics specifically for the administration of the chicken pox vaccine. The clinic will be conducted in the Immunization Clinic at the Naval Hospital from 4 to 6 p.m. on the following dates:

June 4

June 6

June 11

June 13

The vaccine will be administered to children and adults. Children under the age of 12 months will not be able to receive the vaccine. If an individual has already had the chicken pox, it is not necessary to receive the vaccine. This clinic will be geared to providing only the chicken pox vaccine. No other immunization will be provided during these hours. If your child is due for their routine immunizations, it would be best to obtain these immunizations during the normal Immunization Clinic hours which are Monday through Friday 8 through 11 a.m. and 1 to 3:30 p.m.

When coming for your immunizations, please ensure that you have your medical records and shot records in hand to ensure appropriate documentation. Please feel free to call the Immunization Clinic at 830-2711 if you have questions regarding immunizations.

Marine survives 109.2 body temp

A 21-year-old Marine at the Marine Corps Air Ground Combat Center narrowly escaped death or serious brain and kidney damage May 10 due to the quick response of Navy medical personnel here at the Combat Center.

The young Lance Corporal was participating in a six mile "speed hump" with full gear after taking four pills of an over-the-counter drug that is advertised to assist people with shortness of breath. "The medication the patient took is a sympathomimetic drug that inhibits the body's ability to regulate its heat," said Lieutenant Commander Robert Satonik, MC, USN, Head, Emergency Medicine Department and the patient's attending physician during the emergency.

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Outpatient Survey Results

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Hart of the Matter...

"Where have all the stick-ums gone? And other stuff!"

When we last left this story, Cdr Banks, with the Directors in tow, was conducting guided tours of the our hospital strategic plan in process. We encouraged all staff to add their ideas in the way of multi-colored stick-ums to the flip chart sheets hanging in the passageway. Wow! What a response! Three hundred and twenty-five stick-um ideas were added to the couple hundred already there. I think we can safely say that when our goals and objectives are finalized, consideration will have been accorded to all members of our hospital family. We even took some of our patients and other "customers" through the process.

Next step. We have reduced all five hundred stick-ums to typed pages and are discussing their categorization and incorporation at our Board meetings. We will then fold all the ideas into some sort of conceptual framework and establish goals and objectives based on that framework. This will take place beginning at our next strategic planning retreat on 29 May. So that's where all the stick-ums have gone. They've been reduced to hard copy and will be used in

our Plan development.

Now, other stuff...

Hang on. I'm going to make a 180 degree switch from "administrative" to clinical. I feel compelled to mention a recent heat casualty because I want to get the word out on this kind of preventable injury. A 21 y/o Marine LCPL took some energizing over-the-counter meds (ephedrine) and then went on a six mile speed march in full gear through the desert. Well, he hit our ED with a rectal temp of 109.2 F. This fell to 108.5 after 15 minutes of intense cooling and then dropped to 103. He was intubated and air-evacuated to Loma Linda University Hospital. It appears he will survive. Due to the rapid transport from the field by his corpsmen and en route cooling and the rapid and precise emergency treatment he received here, he will probably not only survive, but may not have permanent renal and brain damage. Once the heat stroke occurred, his treatment could not have been better. His corpsmen and our ED staff are to be commended.

But...it shouldn't have happened in the



Captain S.E. Hart

first place! Here's the message: Medication and hot weather exertion don't mix! The specific medications that are the most dangerous to take in a hot dry environment with exertion are cold medications, diet pills, decongestants and anti-histamines. These medications compromise the body's ability to regulate heat. If you can't give off heat, and you are exerting yourself, something is going to blow. Get the word out. Medication and exertion in a hot environment don't mix.

Command Career Counselor's Corner

Professional Development Board (PDB)

'Guiding Sailors to Choose the Right Career Path'

*By HMCS(FMF) Fernandez, Command Career Counselor
HM1 Lipichok, Command Career Counselor
YN3 Smotherman, Asst Command Career Counselor*

Have you heard about PDB? The purpose of the PDB is to provide all enlisted personnel the opportunity for optimal development of their professional skills, both militarily and technically, thereby enhancing unit readiness, individual upward mobility, job satisfaction, and ultimately the retention of better qualified personnel.

Naval Hospital, Twentynine Palms prides itself in having a functioning PDB. Under the leadership and tutelage of HMCM(AW/SW/FMF/AC) Clifton L. Howard, Command Master Chief, the first PDB was held at this command. Master Chief Howard said, "We want to guide our Sailors and help them choose their correct career path. The bottom line is we need to take care of our people. Commands that have a working PDB are retaining quality Sailors."

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The **EXAMINER** welcomes your comments and suggestions concerning the newsletter. All comments should be forwarded to the Public Affairs Office by the 15th of each month. The Public Affairs Office telephone number is (619) 830-2362.

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The **EXAMINER** staff would like to thank all those who participated in this edition.

Chaplain's Corner...

Happy Father's Day -- June 16th

By LT Samuel Ortega, Chaplain
Naval Hospital Twentynine Palms

This month we celebrate Father's Day. No matter how we look at it, we all have a father and mother. Some of us have had the opportunity to be raised by both, one of them, or neither. When we mention the title 'Father' it means different things for different people. What does it mean to you?

For some people, a father is the financial provider for the home. He must work in order to meet the survival requirements for the family. The work and hours it takes to have a family are not always easy. Great sacrifices are sometimes made to provide for the family. For us in the Navy, we have to leave our families behind for months at a time on deployments. This is one of the toughest things to do.

In some cases fathers take the role of a mother. Either through death, divorce or other circumstances, some fathers are given the responsibility to raise their children alone. This, too, is a tremendous challenge

Tobacco Cessation class schedule set

The Tobacco Cessation Program class has been scheduled to run from June 5 to July 10, every Wednesday from 6 to 8 p.m. in classrooms 1 and 2 here at the hospital.

This program consists of six weeks of classes which are scheduled every two months. Currently, the hospital has two facilitators doing the hospital based classes and three corpsmen assigned to the Marines giving classes in the field.

Each class is limited to 25 participants and are usually full. The classes focus on tobacco cessation techniques, stress management, nutrition, exercise and maintaining a positive self-image. Nicotine patches are also provided to those participants who desire to have them. Followup is done at one, three and six month intervals.

The quit rate for participants in this program, who complete all six weeks, is around 40 percent for six months. If you wish to quit tobacco, check out this opportunity on June 5th at 6 p.m. in class rooms 1 and 2.

for some. Dealing with their children's concerns and problems is one of these challenges. Another is time.

Some fathers take the role of the spiritual leader for the family. According to scripture, fathers should use their knowledge and wisdom to direct and protect their children. A father who truly loves his children will seek guidance and wisdom for his children. "For whom the LORD loveth he correcteth; even as a father the son in whom he delighteth." (Proverbs 3:12) Letting children figure out life's challenges without some guidance is a lack of concern and love.

Our Heavenly Father is the greatest example. First, He loves us unconditionally. "For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life." (John 3:16) The world is under His canopy of love. Each day we can thank Him for life. Living conditions may not be the same everywhere, but one thing is for sure, our Father will give us strength to cope with the difficult and/or evil things that are around us everyday. Secondly, He provides us with the things we need. Our shelter, food and water are offered to us. We must daily seek His knowledge and wisdom for ways to keep ourselves alive. If we sit back and wait for others to do everything for us, we may go hungry. The Lord says, "Slothfulness casteth into a deep sleep; and an idle soul shall suffer hunger." (Proverbs 19:15) Like a family, we must work together to survive. Thirdly, our heavenly Father is

our spiritual guide. In order to survive in an immoral world, we need a spiritual guide that will direct our steps. Again, by seeking our Father's knowledge and wisdom, we are able to avoid many problems and disappointments. The holy scriptures offer the best insight we need. I like to call the scriptures, "The Manual of Life for all People." I recommend fathers read God's Word in order to raise their children with values and morals. This should be their first priority. The Lord says, "Seek ye first the kingdom of God and His righteousness; and all these things shall be added unto you." (Matthew 6:33)

I want to thank each father for the many different things they do for their children. Stay focused at all times, and your children will honor you. Happy Fathers Day.



HM3 Renie D. Opiniano receives a Certificate of Commendation from his previous command from Capt. C.S. Chitwood and Capt. E. Kozero.



From left to right, Nursing staff members, LT Vickie Weaver, HN Cynthia Pantazes, and HM1 Manuel Barcelona receive a CG Certificate of Commendation for their volunteer work with the Shriner's Screening Clinic.

Here's To Your Health...

Outpatient Survey Results for Naval Hospital 29 Palms

By ENS M.J. Batschi, Patient Relations
Naval Hospital Twentynine Palms

When I first arrived in Twentynine Palms, the skipper gave me the assignment to be the Patient Contact Coordinator. This has been my first tour of duty with the Navy, I did not know what was ahead. One of the highs I have experienced, is working with individuals who are committed in making this hospital a better place to live and work; not only for those who work in the hospital, but also for our patients who sometimes find themselves "living" at the hospital far longer than they desire.

One of my first goals was to determine how were doing. The Director of Quality Education, Measurement and Research at the Dartmouth-Hitchcock Medical Center, Dr. E. C. Nelson said "There are two kinds of measures hospitals should consider: one involves understanding the goodness of the care experience from the patient's point of view (often called patient satisfaction); the other was to understand the outcomes of care from the patient's point of view (that is, health status/health outcomes). I believed that if I were to be the advocate of our patients, I had better understand their needs and wants. The next step was to create a tool to measure our ability to meet those expectations. During the first few months of last year, several of our patients accepted my invitation to work with members of our patient contact team. Our objective was to create a survey that would accurately assess our ability to satisfy one of our customers: the patient. This has been a fascinating project. Our team met over a period of three months and we designed the framework of our patient satisfaction survey. In the initial brain storming session, we asked ourselves "what makes me most satisfied with my visit to the hospital?" We came up with quite a grocery list of ideas, but as we looked at the list we found that we could easily group them into five categories:

- The appointment process
- The check-in process
- The waiting time
- The interpersonal skills of the staff
- The actual medical care

The next step was to design the format of the survey. There are many ways to collect survey data: personal interviews, mail in questionnaires, phone interviews, and patient response cards are just a few. Each of them is valuable, and each of them requires scarce resources. We decided that a patient response card would be an effective means to gather our information. We would obtain the information before the patient left the hospital avoiding the prohibitive expense of a phone, or mail survey. Also, if a pa-

tient felt they had to express their dissatisfaction, or hopefully delight, at our service, they had access to the cards at every area of the hospital. We had been utilizing response cards. Converting the format would be the least expensive while still obtaining the information we needed.

I hesitate to write about the next step because of our many—"learning experiences." In the testing stage of our measurement tool, we found that we asked questions that were ambiguous, unnecessarily complex, or we in-

Continued on next page

| | | |
|--|-----------------------|---------------------|
| OUTPATIENT SURVEY | | Date: _____ |
| Clinic _____ | Active Duty _____ | Retired _____ |
| Age _____ | Family Member _____ | Civil Service _____ |
| Sex M / F _____ | Other _____ | |
| (Please circle the number that most closely corresponds to your opinion) | | |
| 5 = Strongly agree | 1 = Strongly Disagree | 0 = Not Applicable |
| 1. I found it easy to make an appointment. 5 4 3 2 1 0 | | |
| 2. I was able to make an appointment when I needed it. 5 4 3 2 1 0 | | |
| a. If not, please explain why: _____ | | |
| 3. How many days did you have to wait for your appointment? 0 to 7 days _____ 8 to 14 days _____ 15 to 28 days _____ 1 month or longer _____ | | |
| 4. The check-in process at the clinic desk was efficient. 5 4 3 2 1 0 | | |
| 5. The reception area was clean with adequate seating. 5 4 3 2 1 0 | | |
| 6. The staff were courteous and professional. 5 4 3 2 1 0 | | |
| 7. After I checked-in I was seen in a timely manner. 5 4 3 2 1 0 | | |
| a. If waiting time was long, I was told why. 5 4 3 2 1 0 | | |
| 8. How long was your wait? 0 to 15 minutes _____ 16 to 30 minutes _____ 31 to 45 minutes _____ 46 min. or longer _____ | | |
| 9. The staff were professional and polite to me and my family. 5 4 3 2 1 0 | | |
| 10. The staff were concerned about my welfare and comfort. 5 4 3 2 1 0 | | |
| 11. The treatments, medications and follow-up care were explained to me. 5 4 3 2 1 0 | | |
| 12. I received quality medical care. 5 4 3 2 1 0 | | |
| 13. Overall I was satisfied with my visit. 5 4 3 2 1 0 | | |
| <u>PLEASE USE THIS SECTION TO EXPLAIN YOUR ANSWERS ABOVE</u> | | |
| 14. What contributed most to your comfort and satisfaction? _____ | | |
| 15. What might we have done to improve your comfort and satisfaction? _____ | | |
| 16. Please name those to whom you wish to give special recognition. _____ | | |
| 17. Additional comments about your visit: _____ | | |
| 18. Name and phone number: (optional) _____ | | |

Figure (1)

Outpatient Survey Results

Continued from previous page.

advertently asked a question we did not intend. For example, the question, "how long did you wait for your appointment?", was often answered in days and weeks. We were actually asking for information on how long they had to wait to see their clinician *after they checked in with the receptionist*. Our last iteration (figure 1) was one with which I am pleased. I still see some questions that we should clarify, but I am confident that we are getting clean information.

We have been using this survey throughout the last year. The area patient contact representatives are the first to review the survey cards. They have obtained valuable information about their departments and have used them in many ways. In one division, if a staff member has been singled out a number of times for special recognition, they are rewarded with special liberty. In another division, the area representative took the time to call a patient and visited her at home, which turned a very poor experience with the hospital into a reward-

ing interaction. After the departments take any necessary actions, they forward them to me. If a comment pertains to another individual or department in the hospital I will forward that information to the appropriate person. I was recently told that we are looking at ways to increase the water pressure and heat in the in-patient wards because our patients responded that this was one way we could improve their comfort. The survey process has also been a valuable means of completing a patient needs assessment that hopefully will be the subject of a future article.

I have recently completed a spot survey. In February, I asked members of the patient contact team in the outpatient clinics to number the surveys from 1 to 100. I then asked to have the next 100 hundred patients fill out the surveys and return them to me. I would like to share some very positive results. (Figure 2) The survey uses a Likert-type format. Our patients respond to each question in terms of how well that particular question describes the service they received. Each question is a declarative statement.

The survey uses a scale from 1 to 5. A response of 1 by the patient means the patient strongly disagrees with the statement, similarly, a response of 5 means the patient strongly agrees with the statement. A picture of how our patients believe each department is satisfying them in each question is obtained by using a weighted average. Unfortunately, the response rate was very low and we should be cautious in any attempt to draw definitive conclusions about our patient population from such a small sample. The uses of this tool are many. For example, a department that is rated poorly in one process can learn from a department rated highly in the same process. In this way we can benefit from the skills and knowledge of each other. I firmly believe that every compliment or complaint can be traced to a process or system. Even the reason a patient felt that one of our staff members was rude can often be found when we look at our training process. Likewise, a patient's delight in obtaining care when they need it can be traced to our scheduling system. A satisfaction survey identifies the processes that are most important to our patients and measures our ability to excel at those processes. Once a department identifies a process, they can then focus their efforts on that process that, in turn, should lead them to the Plan - Do - Check - Act cycle widely taught by W. E. Deming.

| OUTPATIENT SURVEY RESULTS | | | | | | | |
|--|---|-----------|-----------------|--------|----------|----------------|------------------|
| CLINIC | OUTPATIENT CLINIC SUMMARY | | | | | | |
| Survey Dates: | FEB-MAR 96 | | | | | | |
| Scoring | | | | | | | |
| | Total Dispensed: | 600 | Total Returned: | 263 | | | |
| 1. The process to make an appointment was efficient. | Family Practice | Optometry | Mental Health | OB/GYN | Military | Emergency Room | Hospital Average |
| | 4.25 | 4.77 | 5 | 4.47 | 4.5 | 4 | 4.57 |
| 2. I was able to make an appointment when I needed it. | 3.58 | 4.75 | 4.82 | 4.4 | 4.55 | 4.22 | 4.51 |
| 3. How many days did you have to wait for your appointment? | 5 = 0 to 7 days 4 = 8 to 14 days 3 = 16 to 30 days 2 = 31 to 45 days 1 = 11 month or longer | 4.33 | 4.6 | 4.58 | 3.81 | 4.94 | 4.9 |
| 4. The check-in process at the clinic desk was efficient. | 4.58 | 4.85 | 4.95 | 4.81 | 4.55 | 4.74 | 4.74 |
| 5. The reception area was clean with adequate seating. | 4.8 | 4.86 | 5 | 4.91 | 4.53 | 4.84 | 4.78 |
| 6. The staff were courteous and professional. | 4.9 | 4.96 | 5 | 4.83 | 4.4 | 4.13 | 4.7 |
| 7. After I checked-in I was seen in a timely manner. | 4.5 | 4.84 | 4.91 | 4.61 | 4.15 | 4.05 | 4.52 |
| a. If waiting time was long I was told why. | 3.71 | 4.82 | 4.58 | 4.04 | 4.02 | 3.8 | 4.19 |
| 8. How long was your wait? | 5 = 0 to 15 min. 4 = 16 to 30 min. 3 = 31 to 45 min. 2 = 46 to 60 min. 1 = 1 hr. or longer | 4.56 | 4.85 | 4.88 | 4.67 | 3.96 | 4.18 |
| 9. The staff were professional and polite to me and my family. | 4.84 | 4.85 | 4.88 | 4.67 | 3.96 | 4.18 | 4.5 |
| 10. The staff were concerned about my welfare and comfort. | 4.84 | 4.85 | 4.88 | 4.67 | 3.96 | 4.18 | 4.5 |
| 11. The treatments, medications and follow-up care were explained to me. | 4.41 | 4.81 | 4.91 | 4.78 | 4.49 | 4.44 | 4.66 |
| 12. I received quality medical care. | 4.6 | 4.87 | 4.91 | 4.77 | 4.52 | 4.88 | 4.73 |
| 13. Overall I was satisfied with my visit. | 4.75 | 4.91 | 4.95 | 4.8 | 4.49 | 4.47 | 4.73 |
| | 4.84 | 4.93 | 5 | 4.84 | 4.51 | 3.95 | 4.71 |

Figure (2)

Promotion time...



HMCM Dennis Preston, above is frocked to his current rank at a special hospital ceremony.

HMCS Warrick M. Yeager, below, is frocked to his current rank and collar devices pinned on by HM3 Tawnya Swank and Dr. Hamilton of 3/7.



Temp... —————

Continued from page 1.

When the Marine was brought into the hospital's Emergency Medical Department by his unit, his core temp was measured and confirmed at 109.2 F. This fell to 108.5 after 15 minutes of intense cooling and then dropped to 103 after 30 minutes in the ED. He was intubated shortly after arriving in the ED and air-lifted to Loma Linda University Hospital within the hour. According to Captain S.E. Hart, MC, USN, Executive Officer of the hospital, "Because of the rapid transport from the field by his Corpsmen and en route cooling and the rapid and precise emergency treatment he received here, he will probably not only survive, but may not have permanent renal and brain damage. As a matter of fact when we called his room today at Loma Linda to check on his status, he answered the phone." Captain Hart added, "Once the heat stroke occurred, his treatment could not have been better. His Corpsmen and our Emergency Department staff are to be commended."

The formulary of the drug the young Marine took is ephedrine hydrochloride and guaifenesin... and as advertised on the package will help a person with shortness of breath. However, according to Lieutenant Loren Locke, Head, Occupational Health Department at Naval Hospital Twentynine Palms, "Some people think that if one is good, more is better. People really need to follow the directions on medication dosages. When it says to take one tablet... take only one." He went on to add. "Here in the desert people also need to be real careful in what

Continued on next page.

compassion made me feel completely at ease with all of the events surrounding our hospitalization. I am convinced that this feeling of confidence and security is felt by all of those cared for by these individuals. There are numerous individuals who work "behind the scenes" to make each hospitalization run smoothly, and for their efforts I am also grateful.

I thank you and your staff for helping to make the birth of my son an exceptionally beautiful event.

*Respectfully,
G.M. Pearce*

Excellent Staff

Dear Captain Chitwood,

I want to congratulate you on the excellent staff in your X-Ray Department.

I was scheduled for a Barium Enema March 7th at 9 a.m. I was called in on time, greeted and instructed to change into a gown and then positioned on the x-ray table by a very courteous young man.

Next the doctor greeted me and explained what she was going to do.

All during the exam everyone was very polite and cheerful -- instructing me how to turn and what was going to happen. Time was not wasted by the personnel but I didn't feel they were rushing my exam either. They just worked well together.

I've had these exams before but I've never been treated with more dignity or felt that I've had such a thorough exam.

They have taken what has been an ordeal in the past to a very bearable experience.

I must say that we have been treated well by all the clinic personnel and doctors.

You can be proud of the work they do.

*Thank you
Patty Spickelmier*

Letters...

Wonderful care

Dear Captain Chitwood,

My wife and I would like to acknowledge the wonderful care that we received at your hospital today. My wife had same-day surgery this morning, an experience that could have been scary was in fact very smooth and tolerable.

This was due to the exceptional staff working in the operating room and recovery. They were Dr. McKinney, LT Gardner, LTJG Ellington, HM3 Buckles, and HN Lard.

They are a credit to your command and to Navy Medicine. I feel confident that any care we receive in the future will be the best.

*Respectfully,
Dan & Liz McCoy*

Outstanding care

Dear Captain Chitwood,

My son was born in your hospital on 6 February 1996 and I would like to take this opportunity to thank some of the staff for their outstanding care that we received. As one of your staff members, I have seen the superior care that we provide. To be a recipient of that service was truly a wonderful experience.

The incomparable care and support that I received from LCDR D. Miller, LCDR T. Christie, LCDR M. Offe, LT L. Hammonds, LT V. Weaver, LT R. Macomber, LTJG E. Welch-Carre, Ms. M.K. Shipley, RN, Ms. S. Humphries, RN, HN E. Heredia, HN T. Wood and HN Osborn was the best I have ever encountered. Their superior skill and

Heartfelt Thank You

Dear Captain Chitwood,

First of all, I would like to express my appreciation to you and all of the Same Day Surgery Team, by saying a heartfelt Thank You.

My husband and I met with Dr. Kelly, at the beginning of January, about having a birthmark removed from our little girl's lip. We were very impressed by her professionalism and knowledge of the type of procedure that needed to be performed. Needless to say, we were very nervous about having the procedure done, before we met Dr. Kelly,

Continued on next page.

Letters...

Continued from previous page.

because of the location of the birthmark. We were worried about scarring. After meeting with Dr. Kelly, we felt confident that he was the right doctor.

Crystal had surgery on February 29th. I have to say that I was really impressed by the individual attention that Crystal and I received before, during and after her surgery.

I found the pre-op class to be very informative and helpful in knowing what to expect the day of surgery. Also, it gave Crystal and I a chance to meet some of the staff so she wouldn't be going into a room full of strangers. Lt. Luna was very thorough and made sure all of our questions were answered before he sent us to meet with LCDR Offe in Anesthesia.

LCDR Offe has a way of putting people at ease. Crystal felt comfortable with him because he's got a good sense of humor and he assured her that he wouldn't hurt her and that he would be the one doing her I.V. (She brags that she didn't feel anything during surgery.) He was very professional and sure of himself. He also kept me informed of her progress during surgery.

The morning of her surgery, Dr. Cowan, LCDR Armstrong, LT Torres, LT Moeller and HA Avery (I hope I didn't forget anybody) were all concerned about her comfort and about any questions. Everyone took the time to make sure she was given special attention even though they seemed very busy that day.

After surgery, in the recovery room, LT Gardner, Dr. Cowan and HA Avery were very professional and comforting to me while Crystal was coming out of the

Letter policy

Letters will be published on a first come, first served basis. They should be typewritten, with the writer's full name. Letters should be brief to allow maximum participation by others. Letter writers should refrain from making personal attacks. Letters addressing specific problems pertaining to patient care can also be addressed to the Patient Contact Representative or other appropriate hospital staff member for action. Deadline for submission is the 15th of each month for the following month's issue.

anesthesia. Since she was "mad at the world" they were very attentive to her needs.

And last, but not least, I'd like to Thank You for the adorable, white bunny. Crystal loves it! That was the last thing I expected to receive from any hospital. That was very thoughtful of you and your wife. (I think we'll come again sometime.)

*Yours Truly,
Lisa Lamar*

Thanks for care and professionalism

Dear Captain Chitwood,

This letter is written to thank the staff of the Naval Hospital for their care and professionalism during my recent visit. I would especially like to commend HM3 Selles in the Lab, HM2 Melvin and Richard Heumann in Radiology and Dr. Dowling in the Family Practice Clinic.

During my visit, Dr. Dowling scheduled me for a CAT scan which required blood work to be performed. He also scheduled me for additional blood testing to be done at an unspecified time. The Radiology Department coordinated with the Lab to consolidate the tests into a single visit, thereby minimizing the time I would need to spend at the Hospital.

HM3 Selles, in the Lab, was courteous and competent making the blood draw a nearly painless experience. I must admit that I became a bit queasy at seeing my own blood, but

HM3 Selles noticed it and took the extra time to get me a glass of water. I was told that the blood results, when completed, would have to be entered into the computer, but that I could wait in the waiting room or feel free to walk around the hospital until then. Every time I would walk by the window I was acknowledged and updated on the status of the results. It was so wonderful to not be forgotten.

At Radiology, HM2 Melvin and Mr. Huemann periodically checked on the status of the blood test results, too, by personally checking with the Lab or looking it up on the computer. Before the results were entered, I was taken into the CAT scan room to make sure that the IV in my wrist had not caused a blood clot and to be briefed on the CAT scan procedure.

That same afternoon, while at work, Dr. Dowling called to let me know the results of my test rather than having me wait the two days that he originally thought it might take.

Each person I saw that day took the time to carefully explain the tests or procedures that were being done and, in doing so, made me feel at ease and confident in their skill. All of these things may be the normal respect shown to the patients at the Hospital, but I wanted you to know how much I appreciated the "special" treatment that I felt I received that day.

*Sincerely,
Jenny Lee Holborn*

Temp...

Continued from previous page.

they eat and drink before going out and exerting themselves in the heat.

Captain Hart also pointed out the specific medications that are the most dangerous to take in a hot dry environment with exertion are cold medications, diet pills, decongestants and anti-histamines. "These medications compromise the body's ability to regulate heat. If you can't give off heat, and you are exerting yourself, something is going to blow," said Captain Hart.

During this six mile speed march the heat index at the Combat Center was normal. This heat index data is collected hourly by the hospital and units in the field to ensure safe operations for the Marines. Captain Hart said, "To increase safety for our Marines operating in this dry environment we really need to get the word out... medication and exertion in a hot environment don't mix."

Guiding Sailors...

Continued from page 2.

The outstanding work of the PDB has received rave reviews by Captain Steven E. Hart, Executive Officer and Captain Carl S. Chitwood, Commanding Officer. The permanent members of the PDB have more than 100 years of combined experience and, because of their professional backgrounds, are best qualified to provide meaningful career advice/guidance.

Members of the PDB: HMCM(AW/SW/FMF/AC) Howard (Command Master Chief), HMCM(SW) Preston (Asst Head, Manpower Management), HMCS(FMF) Fernandez (Command Career Counselor), HMC Husted (Asst Head, Education and Training), and PNC(AW) Koenig (Chief Petty Officer in Charge, Customer Service Desk, PSD). Adhoc members are the LCPO and Department/

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Introductions...

Meet Ensign Julia McDade

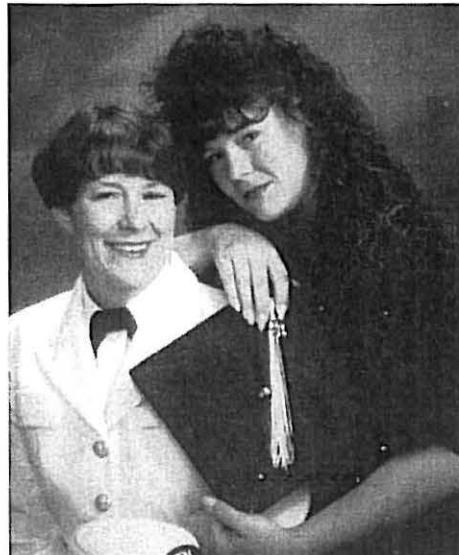
By LT M.A. McMakin, MIND
Naval Hospital Twentynine Palms

Meet Ensign Julia McDade. Ensign McDade is used to being "The first of..." Now working as a staff nurse in the Maternal Infant Nursing Department she has the distinction of being the first Technical Nurse Warrant Officer (TNWOs-RNs with an Associate Degree in Nursing) brought on active duty in 1990.

Technical Nurse Warrant Officers had not been a part of the Navy since the end of the Vietnam War. ENS McDade worked as a Warrant Officer at Naval Medical Center San Diego for three years on the Pediatric Ward and in the ICU. During her stay in San Diego, she was also a volunteer for HOSPICE, working with terminally ill patients.

Continuing in the tradition of being "first" she was one of the first TNWOs chosen for DUISN. She attended the University of San Diego and graduated this year with a Bachelor of Science in Nursing. She was promoted in January 1996.

Ensign McDade originally joined the Navy as an enlisted SK (Storekeeper) in 1971 during the Vietnam War. She served in this capacity for four years in San Diego DATC (Now called SIMA: Ship Intermediate Maintenance Activity). During a thirteen year break in service, using the GI Bill, she obtained her Associate Degree in Nursing. In 1986 she joined the Ready Reserve at Naval Air Station, North Island, as a hospi-



Ensign Julia McDade with daughter, Melissa Rogers.

tal corpsman. One of her most interesting annual training periods was serving as a ship corpsman on the USS Independence.

Her hobbies include spending quality time with her two-year-old grandson and working on a variety of crafts including black and white photography. Ensign McDade has an especially outstanding collection of framed photographs of places she has traveled. She also enjoys camping with family and friends.

Many years of service...



Mrs. Dwandah (Dee) Tajalle of Outpatient Records receives her 20 year pin from Captain C.S. Chitwood, as her husband Frank Tajalle looks on.



Mr. Eugene Pendergast of Material Management receives his 20 year pin from Capt. C.S. Chitwood.



HN Benjamin Pieper of ED, receives a Letter of Appreciation and a Honorable Desert Rat certificate from Capt. C.S. Chitwood upon his transfer.

Guiding Sailors...

Continued from previous page.

Division Career Counselor of the individuals appearing before the board. Appearance before the PDB should be at the recommendation of a member's department/division chain of command or at the request of the member having gone through their chain of command. The PDB may review and make recommendations for the following:

- (1) Selective Conversion and Reenlistment (SCORE) program
- (2) Selective Training and Reenlistment (STAR) program
- (3) Rating conversions
- (4) Enlisted Education Advancement Program
- (5) Assignment to Special duty (recruiting, company commander, instructor, career counselor, etc)
- (6) Officer programs
- (7) All rating examination failures
- (8) "C" school request
- (9) Failure to attain paygrade E3 upon completion of 18 months of active duty
- (10) Failure to select to paygrade E7 through E9

If you have questions regarding the PDB, contact one of the members of the board or the Command Career Counselor's office at extension 2574. FULL SPEED AHEAD. STAY NAVY!